

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16833

State File No. _____

Registrar's No. **2358**

ED JUN 7 1943

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether
In this community **34 years**
years, months or days)

3. (a) PRINT FULL NAME **Fred W. Briscoe**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-09-9172**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married. **3** divorced **divorced**

6. (b) Name of husband or wife **Mr. Ruth Baker Briscoe** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Feb 8 1878**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **13** If less than one day hr. min.

9. Birthplace **W. Kansas** (City, town, or county) **Ill. 1** (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **For self**

12. Name **Joseph Briscoe** ?

13. Birthplace **unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Lillian Richardson** (City, town, or county) (State or foreign country)

15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert Briscoe**

(b) Address **4414 Agnes Ave**

17. (a) **Cremation** (b) Date thereof **May 24 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dr. J. J. Harrison**

18. (a) Signature of funeral director **J. J. Harrison**

(b) Address **1401 Broadway**

19. (a) **5-24-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **2425 College** **8**
(If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21** year **1943** hour **2** minute **45** A. M.

21. I hereby certify that I attended the deceased from **May 1**, 19 **43** to **May 21**, 19 **43**; that I last saw him alive on **May 21**, 19 **43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**

Due to **94a**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **Dwight R. Thorne** (M. D. or other) _____

Address _____ Date signed _____

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.